

APPENDIX 8.14A

NPDES Permit Application

Permits Division



Application Form 1 - General Information

Consolidated Permits Program

This form must be completed by all persons applying for a permit under EPA's Consolidated Permits Program. See the general instructions to Form 1 to determine which other application forms you will need.

**CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY**

 State of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**

I. FACILITY INFORMATION
A. Facility:

Name: COSUMNES POWER PLANT - SMUD			
Address: 6201 S STREET			
City: SACRAMENTO	County: SAC	State: CA	Zip Code: 95817
Contact Person: COLIN TAYLOR DIRECTOR		Telephone Number: 916-732-6724	

B. Facility Owner:

Name: SAME			Owner Type (Check One) 1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation 3. <input checked="" type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership Agency 5. <input type="checkbox"/> Other: _____	
Address:				
City:	State:	Zip Code:		
Contact Person:		Telephone Number:	Federal Tax ID:	

C. Facility Operator (The agency or business, not the person):

Name: SAME			Operator Type (Check One) 1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation 3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership Agency 5. <input type="checkbox"/> Other: _____	
Address:				
City:	State:	Zip Code:		
Contact Person:		Telephone Number:		

D. Owner of the Land:

Name: SAME			Owner Type (Check One) 1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> Corporation 3. <input type="checkbox"/> Governmental Agency 4. <input type="checkbox"/> Partnership Agency 5. <input type="checkbox"/> Other: _____	
Address:				
City:	State:	Zip Code:		
Contact Person:		Telephone Number:		

E. Address Where Legal Notice May Be Served:

Address: SAME		
City:	State:	Zip Code:
Contact Person:		Telephone Number:

F. Billing Address:

Address: SAME		
City:	State:	Zip Code:
Contact Person:		Telephone Number:

**CALIFORNIA ENVIRONMENTAL
PROTECTION AGENCY**

 State of California
Regional Water Quality Control Board

**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**

II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

☐ A. WASTE DISCHARGE TO LAND

☒ B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Domestic/Municipal Wastewater Treatment and Disposal | <input type="checkbox"/> Animal Waste Solids | <input type="checkbox"/> Animal or Aquacultural Wastewater |
| <input checked="" type="checkbox"/> Cooling Water | <input type="checkbox"/> Land Treatment Unit | <input type="checkbox"/> Biosolids/Residual |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Dredge Material Disposal | <input type="checkbox"/> Hazardous Waste (see instructions) |
| <input type="checkbox"/> Waste Pile | <input type="checkbox"/> Surface Impoundment | <input type="checkbox"/> Landfill (see instructions) |
| <input type="checkbox"/> Wastewater Reclamation | <input type="checkbox"/> Industrial Process Wastewater | <input type="checkbox"/> Storm Water |
| <input type="checkbox"/> Other, please describe: _____ | | |

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

 1. Assessor's Parcel Number(s)
Facility: 140-050-010, 140-090-008
Discharge Point: 140-050-010

 2. Latitude
Facility: SAME
Discharge Point: 38.34

 3. Longitude
Facility: SAME
Discharge Point: 121.12

IV. REASON FOR FILING

- | | |
|---|---|
| <input checked="" type="checkbox"/> New Discharge or Facility | <input type="checkbox"/> Changes in Ownership/Operator (see instructions) |
| <input type="checkbox"/> Change in Design or Operation | <input type="checkbox"/> Waste Discharge Requirements Update or NPDES Permit Reissuance |
| <input type="checkbox"/> Change in Quantity/Type of Discharge <input type="checkbox"/> Other: _____ | |

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

 Name of Lead Agency: CALIFORNIA ENERGY COMMISSION

 Has a public agency determined that the proposed project is exempt from CEQA? ☐ Yes ☒ No

If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.

Basis for Exemption/Agency: _____

 Has a "Notice of Determination" been filed under CEQA? ☐ Yes ☒ No

If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.

Expected CEQA Documents:

☐ EIR ☐ Negative Declaration

 Expected CEQA Completion Date: JUNE 2002
☒ AFC



APPLICATION/REPORT OF WASTE DISCHARGE GENERAL INFORMATION FORM FOR WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT



VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Print Name: _____

Title: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Form 200 Received:	Letter to Discharger:	Fee Amount Received:	Check #:
-------------------------	-----------------------	----------------------	----------

California Environmental Protection Agency

Bill of Rights for Environmental Permit Applicants

California Environmental Protection Agency (Cal/EPA) recognizes that many complex issues must be addressed when pursuing reforms of environmental permits and that significant challenges remain. We have initiated reforms and intend to continue the effort to make environmental permitting more efficient, less costly, and to ensure that those seeking permits receive timely responses from the boards and departments of the Cal/EPA. To further this goal, Cal/EPA endorses the following precepts that form the basis of a permit applicant's "Bill of Rights."

1. Permit applicants have the right to assistance in understanding regulatory and permit requirements. All Cal/EPA programs maintain an Ombudsman to work directly with applicants. Permit Assistance Centers located throughout California have permit specialists from all the State, regional, and local agencies to identify permit requirements and assist in permit processing.
2. Permit applicants have the right to know the projected fees for review of applications, how any costs will be determined and billed, and procedures for resolving any disputes over fee billings.
3. Permit applicants have the right of access to complete and clearly written guidance documents that explain the regulatory requirements. Agencies must publish a list of all information required in a permit application and of criteria used to determine whether the submitted information is adequate.
4. Permit applicants have the right of timely completeness determinations for their applications. In general, agencies notify the applicant within 30 days of any deficiencies or determine that the application is complete. California Environmental Quality Act (CEQA) and public hearing requests may require additional information.
5. Permit applicants have the right to know exactly how their applications are deficient and what further information is needed to make their applications complete. Pursuant to California Government code Section 65944, after an application is accepted as complete, an agency may not request any new or additional information that was not specified in the original application.
6. Permit applicants have the right of a timely decision on their permit application. The agencies are required to establish time limits for permit reviews.
7. Permit applicants have the right to appeal permit review time limits by statute or administratively that have been violated without good cause. For state environmental agencies, appeals are made directly to the Cal/EPA Secretary or to a specific board. For local environmental agencies, appeals are generally made to the local governing board or, under certain circumstances, to Cal/EPA. Through this appeal, applicants may obtain a set date for a decision on their permit and, in some cases, a refund of all application fees (ask boards and departments for details).
8. Permit applicants have the right to work with a single lead agency where multiple environmental approvals are needed. For multiple permits, all agency actions can be consolidated under a lead agency. For site remediation, all applicable laws can be administered through a single agency.
9. Permit applicants have the right to know who will be reviewing their application and the time required to complete the full review process.

FORM 1 GENERAL	 EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:5%;">F</td> <td style="width:5%;">1</td> <td style="width:5%;">2</td> <td style="width:5%;">3</td> <td style="width:5%;">4</td> <td style="width:5%;">5</td> <td style="width:5%;">6</td> <td style="width:5%;">7</td> <td style="width:5%;">8</td> <td style="width:5%;">9</td> <td style="width:5%;">10</td> <td style="width:5%;">11</td> <td style="width:5%;">12</td> <td style="width:5%;">13</td> <td style="width:5%;">14</td> <td style="width:5%;">15</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	S	F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																	
S	F	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																					
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		COSUMNES POWER PLANT SMUD 6201 S STREET SACRAMENTO, CA 95817 ATTN: COLIN TAYLOR RANCHO SECO GENERATING STATION HERALD, CA																																			
		GENERAL INSTRUCTIONS a preprinted label has been provided, affix in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																			
II. POLLUTANT CHARACTERISTICS																																					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.																																					
SPECIFIC QUESTIONS		MARK 'X' <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YES</td> <td style="width:33%;">NO</td> <td style="width:33%;">FORM ATTACHED</td> </tr> </table>	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS																															
YES	NO	FORM ATTACHED																																			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">X</td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td style="text-align: center;">16</td> <td style="text-align: center;">17</td> <td style="text-align: center;">18</td> </tr> </table>	X			16	17	18	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)																												
X																																					
16	17	18																																			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">X</td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td style="text-align: center;">22</td> <td style="text-align: center;">23</td> <td style="text-align: center;">24</td> </tr> </table>	X			22	23	24	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)																												
X																																					
22	23	24																																			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">X</td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td style="text-align: center;">28</td> <td style="text-align: center;">29</td> <td style="text-align: center;">30</td> </tr> </table>	X			28	29	30	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)																												
X																																					
28	29	30																																			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">X</td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td style="text-align: center;">34</td> <td style="text-align: center;">35</td> <td style="text-align: center;">36</td> </tr> </table>	X			34	35	36	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)																												
X																																					
34	35	36																																			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">X</td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td style="text-align: center;">40</td> <td style="text-align: center;">41</td> <td style="text-align: center;">42</td> </tr> </table>	X			40	41	42	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)																												
X																																					
40	41	42																																			
III. NAME OF FACILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:5%;">SKIP</td> <td style="width:90%;">COSUMNES POWER PLANT</td> </tr> <tr> <td style="text-align: center;">15</td> <td style="text-align: center;">16 - 22</td> <td style="text-align: center;">30</td> </tr> </table>		C	SKIP	COSUMNES POWER PLANT	15	16 - 22	30																														
C	SKIP	COSUMNES POWER PLANT																																			
15	16 - 22	30																																			
IV. FACILITY CONTACT																																					
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;">TAYLOR, COLIN, DIRECTOR</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">13</td> </tr> </table>		C	TAYLOR, COLIN, DIRECTOR	2	13	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">916</td> <td style="width:15%;">732</td> <td style="width:70%;">6724</td> </tr> <tr> <td style="text-align: center;">45</td> <td style="text-align: center;">46 - 48</td> <td style="text-align: center;">49 - 55</td> </tr> </table>		916	732	6724	45	46 - 48	49 - 55																								
C	TAYLOR, COLIN, DIRECTOR																																				
2	13																																				
916	732	6724																																			
45	46 - 48	49 - 55																																			
V. FACILITY MAILING ADDRESS																																					
A. STREET OR P.O. BOX																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;">6201 S STREET</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">15</td> </tr> </table>				C	6201 S STREET	3	15																														
C	6201 S STREET																																				
3	15																																				
B. CITY OR TOWN		C. STATE	D. ZIP CODE																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;">SACRAMENTO</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">15</td> </tr> </table>		C	SACRAMENTO	4	15	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CA</td> <td style="width:95%;">95817</td> </tr> <tr> <td style="text-align: center;">51</td> <td style="text-align: center;">52</td> </tr> </table>	CA	95817	51	52																											
C	SACRAMENTO																																				
4	15																																				
CA	95817																																				
51	52																																				
VI. FACILITY LOCATION																																					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;">CLAY EAST ROAD</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">15</td> </tr> </table>				C	CLAY EAST ROAD	5	15																														
C	CLAY EAST ROAD																																				
5	15																																				
B. COUNTY NAME																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;">SACRAMENTO</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">46</td> </tr> </table>				C	SACRAMENTO	6	46																														
C	SACRAMENTO																																				
6	46																																				
C. CITY OR TOWN		D. STATE	E. ZIP CODE																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:95%;">HERALD</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">15</td> </tr> </table>		C	HERALD	6	15	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">CA</td> <td style="width:95%;">95638</td> </tr> <tr> <td style="text-align: center;">41</td> <td style="text-align: center;">42</td> </tr> </table>	CA	95638	41	42																											
C	HERALD																																				
6	15																																				
CA	95638																																				
41	42																																				

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																			
C	7	4	9	1	1	(specify)					C	7	1	6	2	9	(specify)												
15	16	17	18	19	ELECTRIC POWER GENERATION										15	16	17	18	19	POWER PLANT CONSTRUCTION									
C. THIRD										D. FOURTH																			
C	7	(specify)								C	7	(specify)																	
15	16	17	18	19											15	16	17	18	19										

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?				
C	8	SACRAMENTO MUNICIPAL UTILITY DISTRICT																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66				
15	16																																	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)															D. PHONE (area code & no.)									
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE															C A 9 1 6 7 3 2 6 7 2 4 15 16 17 18 19 20 21 22 23 24									
M (specify) MUNICIPAL UTILITY																								

E. STREET OR P.O. BOX																													
6201 S STREET																													

F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
B SACRAMENTO															CA					95817					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)															NONE											
C	9	N													C	9	P																								
15	16	17	18													15	16	17	18																						
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)															(specify)											
C	9	U													C	9																									
15	16	17	18													15	16	17	18																						
C. RCRA (Hazardous Wastes)															E. OTHER (specify)															(specify)											
C	9	R													C	9																									
15	16	17	18													15	16	17	18																						

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

ELECTRICAL GENERATION

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									

COMMENTS FOR OFFICIAL USE ONLY

C																													
15	16																												

[illegible]